

#16

PATENT
RECEIVED
CENTRAL FAX CENTER

MAY 04 2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Yevgeny Yakov (Gene) ITKIS

Serial No.: 09/502,867

Group No.: 2134

Filed: February 11, 2000

Examiner: Matthew Heneghan

For: KEY MANAGEMENT FOR CONTENT PROTECTION

Attorney Docket No.: U 013182-7

OFFICIAL

Commissioner for Patents

P. O. Box 1450

Alexandria, VA 22313-1450

Sir:

APPOINTMENT OF ASSOCIATE ATTORNEY

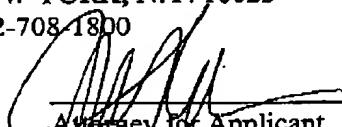
The undersigned Attorney for Applicant in the above identified application for Letters Patent, hereby appoints individually and collectively as my Associate Attorney, to prosecute this application, to make alterations and amendments therein, and to transact all business in the U.S. Patent and Trademark Office connected therewith:

David Zviel
Reg. NO.: 41,392

Please continue to address and send all correspondence to:

LADAS & PARRY
26 WEST 61ST STREET
NEW YORK, N.Y. 10023
212-708-1800

Date: May 4, 2004


Attorney for Applicant
Julian H. Cohen
c/o Ladas & Parry
26 West 61st Street
New York, NY 10023
Reg. No.: 20,302
212-708-1887

Attorney's Docket No. U-013182-7**OFFICIAL**

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**RECEIVED
CENTRAL FAX CENTER**

In re application of: Yevgeny Yakov (Gene) ITKIS

Serial No.: 09/502,867

Group No.: 2134

MAY 04 2004

Filed: February 11, 2000

Examiner: Matthew E. Heneghan

For: KEY MANAGEMENT FOR CONTENT PROTECTION

FACSIMILE NO: 703-872-9306**NO. OF PAGES:** 2**ATTN:** Examiner Matthew E. HeneghanCommissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450**CERTIFICATION OF FACSIMILE TRANSMISSION**

I hereby certify that the following papers are being facsimile transmitted to the patent and Trademark Office on the date shown below.

APPOINTMENT OF ASSOCIATE ATTORNEY

Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that Applicant has inadvertently overlooked the need for a petition that is required.

If any additional extension and/or fee is required, charge Account 12-0425

AND/OR

If additional or fee for claims is required, charge Account 12-0425.

JULIAN H. COHEN
Type or print name of person mailing paper)

Date: May 4, 2004
Signature